



**STATE OF CONNECTICUT**  
**DEPARTMENT OF TRANSPORTATION**  
**BUREAU OF PUBLIC TRANSPORTATION**  
**MOTOR TRANSPORT SERVICES**  
2800 BERLIN TURNPIKE, P.O. BOX 317546  
NEWINGTON, CONNECTICUT 06131-7546

APPLICATION NO. \_\_\_\_\_

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY TO OPERATE AS  
A MOTOR COMMON CARRIER (Household Goods Moving Business) OR FOR PERMIT TO OPERATE  
AS A MOTOR CONTRACT CARRIER OR FOR ADDITIONAL AUTHORITY**

**Please type or print.** If additional space is required for any item, attach as separate exhibit. Attach statement from the Connecticut State Police attesting to criminal history conviction record or absence thereof for Applicant, if individual; for each partner, if Applicant is a partnership; for principal officers and for each person owning ten (10) percent or more of the outstanding debt or equity of the Applicant, if Applicant is a corporation; or for each member, if Applicant is a Limited Liability Company. If Applicant is a corporation or a limited liability company and does not hold intrastate authority, also attach certified copy of the Certificate of Incorporation or Articles of Organization. If application is for common carrier certificate or contract carrier permit, submit with application a specimen tariff, or statement of proposed rates, charges and rules. If application is for a contract carrier permit, also submit with application copies of contracts under which transportation service will be performed. This application must be accompanied by a fee of One Hundred Seventy-Seven Dollars (\$177.00) in cash, check or post office money order payable to the **TREASURER, STATE OF CONNECTICUT.** **WARNING:** Do not send money (coin or bills) by mail. Application fee will not be refunded after payment. A checklist of the above required submission has been included with this application for the convenience of the Applicant. After receipt of this application, you will be notified of a hearing or further proceedings.

**To DEPARTMENT OF TRANSPORTATION, 2800 Berlin Turnpike, P. O. Box 317546  
BUREAU OF PUBLIC TRANSPORTATION, Newington, CT 06131-7546**

Applicant's Name \_\_\_\_\_  
(Name of Individual, Partnership, Corporation)  
(Limited Liability Company)

doing business as \_\_\_\_\_  
(Trade Name)

of \_\_\_\_\_  
(Physical Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State, Zip Code)

Mailing Address, if different \_\_\_\_\_

hereby applies for authority to transport for hire by Motor Vehicle as a motor

\_\_\_\_\_ carrier transporting the  
(specify common or contract)

household goods over \_\_\_\_\_  
(specify regular or irregular routes)

routes between \_\_\_\_\_  
(specify limited area of operation of all points in Connecticut)

upon call received at its Connecticut headquarters located at

\_\_\_\_\_  
(Physical Address)

**Answer the following questions fully:**

1. If Applicant(s) transports in interstate commerce, indicate Federal Highway Administration Certificate No. \_\_\_\_\_

2. If Applicant(s) has intrastate authority, state Connecticut Certificate or Permit No. \_\_\_\_\_

3. a. State if the Applicant(s) is an Individual, Partnership, Corporation or Limited Liability Company  
\_\_\_\_\_

b. If Corporation or LLC, date and State of incorporation or filing:

Date \_\_\_\_\_ State \_\_\_\_\_

c. Name and residence address of officers and owners holding interest of 10% or greater of corporation or members of LLC:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What business, if any, is Applicant(s) engaged in other than motor freight transportation? \_\_\_\_\_  
\_\_\_\_\_

5. Financial Statement of Applicant(s) as of \_\_\_\_\_ 20\_\_\_\_\_  
(latest available date)

**Applicant(s) must complete attached financial sheet on Page 5**

6. \*Indicate list of motor vehicles to be used by the Applicant(s) in business for which application is made.

Year	Make	Type of Body	Registration	
			State	Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. \*List all insurance policies, limits of coverage, and effective dates on above. \_\_\_\_\_

\_\_\_\_\_

8. If Applicant is represented by an attorney or authorized representative, state name, address and telephone number of such attorney or authorized representative. \_\_\_\_\_

\_\_\_\_\_

9. Has your, your partner(s), any officer's or any member's operator's license ever been revoked or suspended?

\_\_\_\_\_  
If so, by what state, give reason, approximate date and length of

suspension \_\_\_\_\_

\_\_\_\_\_

10. If Applicant(s), whether incorporated or unincorporated, is not a resident of the State of Connecticut, state name, address and telephone number of agent for service of legal process or notice.

\_\_\_\_\_

\_\_\_\_\_

**To be executed by proprietor, each member of partnership, authorized officer of a corporation or authorized member of limited liability company.**

State of \_\_\_\_\_

County of \_\_\_\_\_ SS

I/We the undersigned,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Home No. & Business No.)

Under oath, say that the foregoing application has been prepared by me/us, or under my/our direction, that I/we have carefully examined the same, and I/we declare the same to be correct to the best of my/our knowledge, information and belief.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Notary Public)

**APPLICATION BALANCE SHEET - FISCAL ANALYSIS**

<u>ASSETS</u>		<u>LIABILITIES</u>	
CASH	_____	ACCOUNTS PAYABLE	_____
ACCOUNTS RECEIVABLE	_____	NOTES PAYABLE	_____
MATERIALS AND SUPPLIES	_____	*OTHER LIABILITIES	_____
MOTOR VEHICLES	(describe below) _____		
REAL ESTATE	_____		
*OTHER ASSETS	_____		
(describe below)		TOTAL LIABILITIES	_____
		INDIVIDUAL'S OR PARTNER'S	
		CAPITAL ACCOUNT(S)	_____
		CAPITAL STOCK	_____
		ADDITIONAL PAID IN CAPITAL	_____
		RETAINED EARNINGS	_____
		TOTAL CAPITAL	_____
<u>TOTAL ASSETS</u>	_____	<u>TOTAL LIABILITIES &amp; CAPITAL</u>	_____

NOTE: Total Assets must equal Total Liabilities and Capital

\*Describe Assets and Liabilities below:

DEPARTMENT OF TRANSPORTATION

(NEW AUTHORITY - PAGE 1)

## NOTICE

Upon receipt of a completed application for motor truck common carrier certificates and motor truck contract carrier permits, they are assigned for a public hearing.

At the public hearing, the requirements of Section 13b-392 and 13b-400 of the General Statutes of Connecticut, and Section 16-304-F5 of the Regulations of Connecticut State Agencies must be satisfied where applicable.

For your convenience, the text of the statutes are set forth at length below.

"Section 13b-392. **Considerations for granting certificate.** In determining whether or not such certificate shall be granted, the Commissioner of Transportation shall take into consideration the existing motor transportation facilities and the effect upon them of granting such certificate, the public need for the service the applicant proposes to render, the suitability of the applicant, or the suitability of the management if the applicant is a corporation, the financial responsibility of the applicant, the ability of the applicant efficiently to perform the service for which authority is requested, the condition of and effect upon the highways involved and the safety of the public using such highways. The commissioner shall take into consideration such recommendations as to motor transportation facilities, or highways, or the effect of granting such certificate upon either of them, or the safety of the public using such highways. No such certificate shall be denied solely on the ground that there is an existing rail or household goods carrier. When it appears that no household goods carrier service is being supplied over the route or routes applied for, public convenience and necessity shall be presumed to require operation of such service."

"13b-400. **Issuance of permit.** Such a permit shall be issued to any applicant if it appears that the applicant is fit, financially responsible, willing and able to perform the service of the motor contract carrier and to conform to the provisions of this chapter and the requirements and regulations of the commissioner of transportation made thereunder and that the proposed operation is not inconsistent with the public interest. In determining whether the proposed operation is inconsistent with the public interest the commissioner shall take into consideration such recommendations as to the maintenance of an adequate transportation system designed to meet the needs of the public. The commissioner shall have the power to decide the question of financial responsibility on the individual merits of the applicant and to require that such financial responsibility be adequate.

Section 16-304-F5. **Filing of trade name.** All intrastate carriers shall not do business under a fictitious trade name until he has filed with the commission a certified copy of the certificate required by Section 35-1 of the General Statutes."

Please note that the sections of law referred to are merely to assist you in this application. For full information you should refer to the above sections of the General Statutes of Connecticut and the uniform administrative procedures act, and the Department's procedural regulations, which are available at the offices of the Department.

**NOTE: UNSUPPORTED TESTIMONY OF THE APPLICANT IS NOT SUFFICIENT TO WARRANT GRANTING OF THE APPLICATION.**

APPLICATION NO. \_\_\_\_\_

**NOTICE**

Pursuant to Connecticut General Statute 4a-79, you must file your applicable Social Security number or F.E.I.N. with every application for a license from the State of Connecticut.

Once a year we must forward this information to the Connecticut Department of Revenue Service.

While we must share this information with the above, this information is not available through a standard request by the general public. Once filed with your application, this page will be segregated into a special CONFIDENTIAL file.

**Failure to file this information with your application will cause us to return the application as incomplete.**

NAME \_\_\_\_\_  
(Individual, Partnership, Corporation, Limited Liability Co.)

INDIVIDUAL SOCIAL SECURITY NO \_\_\_\_\_

\_\_\_\_\_

BUSINESS F.E.I.N. NO. \_\_\_\_\_



**APPLICATION CHECK SHEET - (NEW AUTHORITY)**

A. REMITTANCE

B. LIST OF CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MEMBERS

C. LIST OF ANY PARTY HOLDING 10% OR MORE OF STOCK OR CORPORATION

D. CONNECTICUT STATE POLICE STATEMENTS ON ALL PERSONS LISTED IN ITEMS B & C ABOVE, SOLE PROPRIETOR OR PARTNERS OF PARTNERSHIP **To obtain The required form, go to the Household Good home page and download the “Criminal History Conviction Information Request” form.**

E. CURRENT FINANCIAL STATEMENT

F. CERTIFIED COPY OF CERTIFICATE OF INCORPORATION OR ARTICLE OF ORGANIZATION (ALSO OPERATING AGREEMENT, IF AVAILABLE FOR LLC)

G. IF A TRADE NAME IS USED, A CERTIFIED COPY OF CERTIFICATE OF ADOPTION, AS FILED WITH THE CITY/TOWN CLERKS IN THE PRINCIPAL BUSINESS LOCATION(S)

H. PROPOSED RATES, CHARGES AND RULES FOR COMMON OR CONTRACT CARRIERS

I. ROUTES (IF APPLICABLE)

J. NAME OF ATTORNEY OR AUTHORIZED REPRESENTATIVE

K. IF APPLICANT IS NOT A RESIDENT OF THE STATE OF CONNECTICUT, WHETHER INCORPORATED OR UNINCORPORATED, THE NAME, ADDRESS AND TELEPHONE NUMBER OF AN AGENT FOR SERVICE OF LEGAL PROCESS OR NOTICE.

**L. COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBER. (APPLICATION WILL BE RETURNED WITH CHECK AS INCOMPLETE IF NOT INCLUDED WITH THE FILED PACKAGE)**

M. SIGNATURES AND TELEPHONE NUMBERS

N. APPLICATION NOTARIZED

**PLEASE REFER TO ABOVE TO BE SURE YOUR APPLICATION IS COMPLETE**